



GOVERNOR'S ALASKA COUNCIL ON EMS OUTSTANDING AMBULANCE AWARD NOMINATION FORM



Name of Nominator:	Nominator's EMS Service, if applicable:	
Mailing Address:	Work Telephone:	
	Home Telephone:	
	E-mail Address:	
Relationship, if any, to Nominee (eg., personal, financial, employment):		
Name of Ambulance Service Nominated:	Chief of Ambulance Service:	
Mailing Address:	Work Telephone:	
	Home Telephone:	
	E-mail Address:	
Service Level Provided: BLS _____ ALS _____ State-certified? _____		
Number of Paid Personnel: EMT-I _____, EMT-II _____, EMT-III _____, EMT-P ETT _____, R.N. _____, Other: _____		
Number of Volunteer Personnel: EMT-I _____, EMT-II _____, EMT-III _____, EMT-P ETT _____, R.N. _____, Other: _____		
History of service (eg. how long has this service been organized?):		
Number, length and types of runs during last 12 months:		

Unusual emergency medical services or rescue services routinely provided, or unusual circumstances routinely encountered:

Continuing Education Program during past year:

In 500 words or less: Why is this ambulance service organization outstanding? How does it perform over and above the basic level of service provided by all ambulance services? (Use continuation page if needed.)

Signature of Nominator:

Date:

Continuation page: